STATE OF RHODE ISLAND
2004-2005 INFLUENZA OUTBREAK PLAN

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I. PURPOSE.

This document outlines the actions taken within the Department of Health (HEALTH) to prepare for the 2004-2005 annual outbreak of influenza in Rhode Island. Statewide issues and responsibilities of other agencies are addressed in the Rhode Island 2004-2005 Influenza Outbreak Plan (an appendix of the Rhode Island Emergency Operations Plan). General HEALTH emergency functions and responsibilities are outlined in the Department Emergency Operations Plan.

II. SITUATION AND ASSUMPTIONS: 2004-2005 Influenza Season.

A. Situation

1. Basic Characteristics of Influenza

Epidemics of influenza typically occur during the winter months in temperate regions and have been responsible for an average of approximately 36,000 deaths/year in the United States from 1990-1999. Influenza viruses can also cause pandemics, during which rates of illness and death from influenza-related complications can increase worldwide. Influenza viruses cause disease among all age groups. Rates of infection are highest among children, but rates of serious illness and death are highest among persons aged ≥65 years and persons of any age who have medical conditions that place them at increased risk for complications from influenza.

Influenza viruses are spread from person to person primarily through droplets generated by the coughing and sneezing of infectious persons. The incubation period for influenza is 1–4 days, with an average of 2 days. Adults typically are infectious from the day before symptoms begin through approximately 5 days after illness onset. Children can be infectious for ≥10 days, and young children can shed virus for ≤6 days before illness onset. Severely immunocompromised persons can shed virus for weeks or months.

Uncomplicated influenza illness is characterized by the abrupt onset of constitutional and respiratory signs and symptoms (e.g., fever, myalgia, headache, malaise, nonproductive cough, sore throat, and rhinitis). Among children, otitis media, nausea, and vomiting are also commonly reported with influenza illness. Respiratory illness caused by influenza is difficult to distinguish from illness caused by other respiratory pathogens on the basis of symptoms alone. Reported sensitivities and specificities of clinical definitions for influenza-like illness in studies primarily among adults that

include fever and cough have ranged from 63% to 78% and 55% to 71%, respectively, compared with viral culture.

Influenza illness typically resolves after a limited number of days for the majority of persons, although cough and malaise can persist for >2 weeks. Among certain persons, influenza can exacerbate underlying medical conditions (e.g., pulmonary or cardiac disease), lead to secondary bacterial pneumonia or primary influenza viral pneumonia, or occur as part of a co-infection with other viral or bacterial pathogens. Young children with influenza infection can have initial symptoms mimicking bacterial sepsis with high fevers, and ≤20% of children hospitalized with influenza can have febrile seizures. Influenza infection has also been associated with encephalopathy, transverse myelitis, Reye syndrome, myositis, myocarditis, and pericarditis.

2. Influenza Prevention and Control Policies

a. Prevention

The main strategy for influenza prevention in the United States is annual immunization in the fall months with vaccine produced from viruses circulating the previous spring.

Additional prevention strategies include the practice of respiratory hygiene and frequent hand washing (to prevent transmission of the influenza virus to and from environmental surfaces) and isolation of influenza patients.

b. Control

Control strategies aim to limit outbreaks of influenza virus in healthcare facilities, group quarters, and other congregate settings:

- Identify the causative agent early in an outbreak by performing rapid influenza virus testing of patients with recent onset of symptoms suggestive of influenza. In addition, obtain viral cultures from a subset of patients to determine the infecting virus type and subtype.

- Implement Droplet Precautions for all patients with suspected or confirmed influenza.

- Separate suspected or confirmed influenza patients from asymptomatic patients.

- Restrict staff movement between units and buildings.
- For all patients without influenza illness in the involved unit and for whom the antiviral agent is not contraindicated, administer influenza antiviral prophylaxis according to current recommendations.
- Administer influenza antiviral therapy to patients acutely ill with influenza within 48 hours of onset of illness.
- Administer current inactivated influenza vaccine to unvaccinated patients and health-care personnel.
- Offer influenza antiviral prophylaxis to unvaccinated personnel for whom the antiviral agent is not contraindicated and who work in the affected unit or who are taking care of high-risk patients.
- Consider antiviral prophylaxis for all health-care personnel, regardless of their vaccination status, if the outbreak is caused by a variant of influenza that is not well matched by the vaccine.
- Curtail or eliminate elective medical and surgical admissions and restrict cardiovascular and pulmonary surgery to emergency cases only, when influenza outbreaks, especially those characterized by high attack rates and severe illness, occur in the community or acute care facility.

3. Readiness to Control Influenza in Rhode Island (21 October 2004)

a. HEALTH

Organization

- HEALTH has activated its incident command system (ICS) to meet the challenges of a severe influenza vaccine shortage in Rhode Island and nationwide.

Planning

- HEALTH has researched influenza prevention and control strategies and has created the current plan, tailored to the exigencies of the 2004-2005 influenza season.

- HEALTH is reviewing emergency plans that dovetail with this plan, and is discussing them with healthcare agencies and community based organizations central to the plans' functions.

- HEALTH has conferred with local infectious disease physicians on the use of antivirals for the prevention and treatment of influenza.

Immunization of HEALTH Staff

- Most HEALTH staff are not vaccinated and will not be vaccinated for influenza this season, leaving them vulnerable to infection. HEALTH will lose from 10% to 40% of its staff over the course of the influenza season because of illness and the need to care for family members.

Vaccine Procurement and Distribution

- HEALTH has inventoried all influenza vaccine in Rhode Island and has collected a few thousand doses from local businesses to be allocated to high priority populations. (These doses had been ordered by the businesses for use with low-risk persons.)

- HEALTH has ordered Flu-Mist (attenuated influenza vaccine suitable for use by well 5-49 year old persons) to cover eligible healthcare staff throughout the state who otherwise would not have been immunized this year, and as available, to the caretakers of children under the age of 6 months.

Communications

- HEALTH has developed information dissemination strategies and methods for the mass media, the general public, and healthcare providers, and has fully tested these strategies and methods by working to disseminate information about the vaccine shortage in October, 2004.

- HEALTH has developed influenza prevention and control messages for the mass media, the general public, and healthcare providers, and has begun disseminating some of these messages, e.g., hand washing, staying at home if ill.

- HEALTH has enhanced its 1-800 consumer information line with additional operators to meet the public's need for various and sundry information throughout the influenza season. Temporary employees have been hired as part of the consumer information line team to relieve HEALTH staff who have rotated through the team as operators.

- HEALTH has established a Nextel communications network connecting all hospitals, the Naval Ambulatory Care Center, The Veterans' Administration Medical Center, the Indian Health Center, Rhode Island Emergency Management Agency, HEALTH, and five regional dispatch centers. The primary purpose of the network is to communicate information between and among hospitals, regional dispatch centers, and first responders. This communication network is also utilized three times per day to establish current hospital diversion status. HEALTH has the capability to activate a protocol to track current bed status at all hospitals and measure patient surge at any time. (See Rhode Island Diversion Plan dated 6-1-04).

Liaison

- HEALTH has briefed the Primary Care Physician Advisory Committee (PCPAC) about the influenza vaccine shortage and about its prevention and control strategies absent full vaccine coverage of high-risk adults in Rhode Island.

- HEALTH has created a Flu Vaccine Shortage Advisory Group, composed of healthcare providers and insurers, to discuss vaccine distribution priorities and the ordering and receipt of vaccine by primary care providers.

- HEALTH has collaborated with the Nursing Home Advisory Group to discuss what vaccine has been ordered, where it has been received, and what gaps exist in influenza vaccine coverage. This group is currently developing strategies for additional vaccine distribution.

- HEALTH has collaborated with the Hospital Association of Rhode Island (HARI) to discuss what vaccine has been ordered, where it has been received, and what gaps exist in influenza vaccine coverage. This group is currently developing strategies for additional vaccine distribution.

- HEALTH has briefed Congressional Delegation and has made requests to the federal government with them.

b. Emergency Medical Services

- Some EMS workers will not receive influenza vaccine for the 2004-2005 influenza season.
- All EMS workers operate with full universal precautions.
- All EMS workers will wear non-latex gloves and the proper size N-95 mask for the care of all patients with possible infectious disease, including influenza (See Section 1, State of Rhode Island Pre-Hospital Care Protocols and Standing Orders)
- Currently (21 October 2004) Rhode Island does not have a statewide dispatching system for directing the emergency medical transport of patients from the community to hospital emergency departments.

c. Hospitals and Nursing Homes

- An outbreak of influenza in a licensed healthcare facility is a reportable event.
- All healthcare facilities operate with full universal precautions.
- Currently (21 October 2004), 7 of 12 acute care hospitals and 20-40 of 100 nursing homes have not received influenza vaccine to protect patients or healthcare providers.
- Influenza vaccine is only about 50% effective at developing immunity in patients who are immuno-compromised. (Therefore, nursing homes may have influenza outbreaks even when all patients and staff have received vaccine.)
- Hospitals have developed surge capacity plans to deal with a limited increase in the number of patients. Statewide, there are 576 “surge beds” available in an emergency. The goal of the surge plan is to decompress the Emergency Departments to provide for a timely, effective response to a disaster situation. In concert with the hospitals’ standard

emergency management plans, the surge plan is designed to accommodate an additional designated number of patients, within a 60-minute time frame and, when needed, to sustain this increased capacity for an undetermined period of time. The preliminary expansion, maintenance, and recovery phases of the surge plans are incrementally activated to achieve the desired capacity while attempting to minimize the disruption to hospital operations.

- During HEALTH's daily NEXTEL roll call and upon request, the hospital emergency departments (ED) throughout the state will report to HEALTH one of three different status designations for EMS (Accepting, Diverting, or Condition Red Alert) and may also report current bed availability. (See Rhode Island Diversion Plan dated 6-1-04).

d. Private Physicians' Offices

- Some healthcare workers will not receive influenza vaccine for the 2004-2005 influenza season.

- All healthcare providers operate with full universal precautions.

- Currently (21 October 2004) HEALTH is communicating regularly with private physicians' offices to provide information about the influenza vaccine shortage, influenza prevention messages for patients, and the use of antivirals to prevent and treat influenza.

e. Schools

- An outbreak of influenza in a school setting is a reportable event.

- Many schoolteachers and most primary and secondary school students will not receive influenza vaccine for the 2004-2005 influenza season.

- HEALTH has produced influenza prevention posters for use in primary and secondary schools.

- School closing has not been demonstrated to be an effective method of controlling transmission of influenza, though

authorities may choose to close schools for other reasons (e.g. high teacher absenteeism).

f. Worksites

- HEALTH has produced influenza prevention posters and has worked with Chambers of Commerce throughout Rhode Island to distribute these posters for use in business settings.

B. Assumptions

1. 150,000 doses of influenza vaccine have been administered to Rhode Islanders, of which about 120,000 are at high risk of complications from influenza infection, leaving about 280,000 high risk persons unvaccinated for the 2004-2005 influenza season. (About 180,000 of these persons received influenza vaccine last season.)

2. In a year with "normal" influenza vaccine coverage, about 120 Rhode Islanders die as a result of influenza, including four from influenza itself, six from pneumonia, and 110 from chronic illnesses (having been stressed by influenza and or secondary infections which "clear" before the terminal crisis). Administering 1000 doses of influenza results in saving one life. Therefore, "missing" 180,000 doses of vaccine will result in about 180 additional deaths as a result of influenza.

3. Given less "herd immunity" in the Rhode Island population and in the U.S. population as a whole, a higher than normal proportion of Rhode Islanders will contract influenza in the 2004-2005 influenza season than would have been the case with greater vaccine coverage.

4. Many healthcare workers will not be immunized against influenza this year, despite efforts to offer them Flu Mist (attenuated influenza vaccine) in place of regular influenza vaccine (killed virus vaccine). This may result in higher-than-normal absenteeism of staff in healthcare facilities.

5. Because hospitals and nursing homes in Connecticut and Massachusetts will be similarly affected by the vaccine shortage, Rhode Island will have no out-of-state flexibility for the remediation of inpatient crowding during the 2004-2005 influenza season.

6. Many schoolteachers will not be immunized against influenza this year. This may result in higher-than-normal absenteeism of staff in primary and secondary schools. Daycare services may be similarly compromised.

7. Nationwide, many adult workers will not be immunized against influenza this year, resulting in higher-than-normal absenteeism, business disruptions, and economic loss.

8. Many public health workers will not be immunized against influenza this year. This may result in higher-than-normal absenteeism of staff at HEALTH at a time when the Department is taxed by running an ICS (influenza outbreak) operation in addition to its regular programs.

9. Currently (21 October 2004) hospitals and nursing homes in Rhode Island are filled to capacity because of a shortage of nursing home beds in the state. The shortage of beds may be exacerbated in the near future by additional loss of nursing home beds.

10. The supply of antivirals for use in Rhode Island during the 2004-2005 influenza season is sufficient to meet the increased demand for treatment of outpatients, inpatients, and staff in healthcare facilities.

11. The heightened awareness of influenza risk in the general public this season (because of the vaccine shortage) creates a potential for public panic if the influenza season appears to be a "bad one."

III. CONCEPT OF OPERATIONS.

A. Goals

1. Prevent public panic with strong, visible, and unambiguous leadership, through high-profile prevention and control efforts, and public education.

2. Manage disease outbreaks to minimize loss of life, health impacts, disruption of the health care system, and disruption of the economy.

B. Principles

1. Lead strongly and visibly.

2. Prepare for a statewide influenza epidemic of 6-8 weeks' duration (sometime between November 1, 2004 and February 28, 2005).

3. Field rapid, intense, high profile responses to influenza outbreaks in schools, group quarters, hospitals, nursing homes, and similar facilities.

4. Prevent disease transmission by encouraging proper hygiene, isolation of influenza patients, and the use of antivirals.

5. Integrate all health care assets into a single comprehensive system.

C. Execution

Rhode Island will field a graduated response to influenza, depending on estimates of the proportion of the population infected with influenza, the virulence of the 2004-2005 flu strains, and functioning of the health care system. At all levels of risk, HEALTH will cooperate with the Governor's Office and EMA on all public information activities.

1. Average Annual Outbreak:

From 5% to 20% of the general population become infected with influenza of average virulence over a six-week period.

Hospitals report moderate increases in census attributable to influenza, pneumonia, and "all cause" chronic illness. Several nursing homes report outbreaks of influenza among patients and staff. Every week, about one influenza death and two pneumonia deaths occur.

The response to an average annual outbreak includes:

a. Surveillance and Control

- HEALTH maintains a robust sentinel system of 10 physicians who report influenza-like illness as a proportion of patients seen weekly, to a real-time internet-based reporting system. The sentinel system also submits specimens to the HEALTH Laboratory for culture during early, middle, and late phases of the annual flu season. These reports, coupled with voluntary reporting of non-culture laboratory tests and reports of outbreaks of illness in congregate settings and health care facilities, is utilized to characterize the nature of the annual flu season using standard CDC protocols. These results are published weekly on the HEALTH website, and reported to CDC to contribute to national surveillance.

- HEALTH monitors national trends and recommendations through weekly conference calls with Federal experts at CDC, and through other internet-based data sources.

- HEALTH updates healthcare providers with information on current surveillance findings and updated recommendations

for lab testing, the use of antivirals, and outbreak control measures.

- HEALTH trains its surveillance staff regularly on influenza activity worldwide, nationwide, and statewide, and reviews surveillance methods to identify and solve problems with case ascertainment and reporting.

- HEALTH stands ready to assist healthcare facilities with recommendations for the control of influenza outbreaks within facilities.

b. Public Information

- HEALTH regularly releases aggregate information on influenza activity to the mass media, provides face-to-face technical briefings on influenza to the leadership of mass media outlets, and provides non-confidential information and interviews to the mass media as requested.

- HEALTH conducts a multi-media public information campaign, focusing on hygiene (e.g., regular hand washing), isolation (e.g., staying home with flu-like illness), and care-seeking for high-risk adults with flu-like illness (e.g., "Call your physician if…").

- HEALTH maintains up-to-date web pages on influenza activity, prevention, and control.

- HEALTH runs a 1-800 consumer hotline during regular business hours with recorded messages after hours. Hotline staff are briefed regularly on influenza-related issues and provided answers to frequently asked questions.

c. Provider Information

- HEALTH sends healthcare providers (primarily those working in physicians' offices and visiting nurse associations) periodic influenza updates, primarily by fax. Updates contain information on influenza activity, prevention, treatment, and the availability of influenza-relevant pharmaceuticals.

- HEALTH meets face-to-face with the Primary Care Physicians' Advisory Committee monthly, providing them with influenza updates as part of their regular meeting agenda.

d. Healthcare Facility Infrastructure Support

- HEALTH sends healthcare facilities periodic influenza updates through a variety of channels, primarily fax. Updates contain information on influenza activity, prevention, and control, with reminders on influenza reporting requirements and the availability of assistance from HEALTH.

- HEALTH meets face-to-face monthly with a committee of healthcare facility infection control professionals, providing them with influenza updates as part of their regular meeting agenda.

- HEALTH meets face-to-face on an as-needed basis with a group of infectious disease physicians, requesting guidance from them on influenza prevention and control issues relevant to the general public, schools, worksites, and healthcare facilities.

- HEALTH is prepared to assist healthcare facilities with the control of influenza outbreaks within facilities.

2. Severe Annual Outbreak:

- More than 20% of the general population become infected, or

- The virulence (morbidity and mortality) of the virus is greater than average, or

- The epidemic period is contracted to four weeks or less,

- Higher than usual number of susceptible people in the population (lower than usual vaccination rate or vaccine mismatched to circulating strain).

For instance:

> Hospitals report resource-draining increases in census attributable to influenza, pneumonia, and "all cause" chronic illness. Emergency departments report dangerously crowded conditions. Hospitals and nursing homes report severe understaffing due to illnesses among healthcare workers. More than ten nursing homes report outbreaks of influenza among patients and staff. Every week, about two influenza deaths and four pneumonia deaths occur.

The response to a serious annual outbreak includes all of the elements of response appropriate to an average annual outbreak with the addition of:

a. Surveillance and Control

- HEALTH initiates active surveillance protocols, maintaining daily contact with primary case reporting sources such as hospital emergency departments.
- HEALTH expands its network of sentinel reporters.
- HEALTH advises impacted school administrators on temporary school closures (to address high rates of absenteeism among faculty and staff).
- HEALTH advises Governor's Office on temporary closures of non-essential state services because of high rates of absenteeism and on the protection of state and municipal workforces, (especially police, fire, transportation).
- HEALTH is prepared to use its power of quarantine to close particular schools, businesses, public places to dampen disease transmission.
- HEALTH is prepared to distribute reserve influenza vaccine, if available in state, or if shipped by the CDC.

b. Public Information

- HEALTH presents a daily briefing to the media. The Governor's Office may choose to participate.

- HEALTH organizes conference calls with key healthcare providers, hospitals, and municipal police, fire, and EMS leadership.

- HEALTH upgrades its 1-800 consumer hotline to meet demand for information from this service.

- HEALTH cooperates with the Governor's Office and EMA on all public information activities.

c. Provider Information

- HEALTH sends healthcare providers frequent influenza updates, primarily by fax. Updates contain information on influenza activity, prevention, treatment, and the availability of influenza-relevant pharmaceuticals.

- HEALTH convenes the Primary Care Physicians' Advisory Committee for ad hoc meetings to address problems related to the influenza outbreak.

- HEALTH invites reports from primary care providers on their needs and the needs of their patients.

d. Healthcare Facility Infrastructure Support

- HEALTH closely monitors healthcare facility capacity and staffing issues.

- HEALTH advises and assists healthcare facilities to help them remain fully functional.

- HEALTH requests the Governor to invoke emergency powers, as necessary, to allow healthcare facilities to remain fully functional. (Emergency powers may be used to prevent elective admissions, and to license out-of-state health care workers to work in Rhode Island temporarily.)

IV. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES.

A. HEALTH

1. All Divisions

Develop familiarity with the 2004-2005 Influenza Outbreak Plan and develop related Division-specific plans, as appropriate.

2. Director's Office / Incident Commander

Assign incident commander (IC). IC will provide overall leadership, assure intra-departmental coordination, and promote inter-departmental cooperation, by assigning IC positions within HEALTH and by assigning liaisons to Governor's Office, EMA, and the EOC/JIC, if activated.

3. Division of Disease Prevention and Control

Provide overall leadership for influenza surveillance and outbreak control in the Rhode Island community. Develop messages and information for physicians and health care agencies. Work with the Division of Health Services Regulation to assist healthcare facilities with influenza prevention and outbreak issues.

4. Division of Health Services Regulation

Assist healthcare facilities and emergency medical services agencies with influenza prevention and control issues. Address outbreak control issues related to the licensure of healthcare facilities or healthcare providers.

5. Division of Environmental Health

Assure appropriate coordination of this plan and other bioterrorism plans. Provide the IC with liaison to EMA and the EOC/JIC, if activated.

6. Division of Family Health

Operate the 1-800 call-in center at the appropriate level of effort to meet current public demand for information about influenza, its prevention and control. Prepare media (print materials, radio scripts) for the diffusion of public information. Distribute information to physicians and health care agencies with blast fax technology. Maintain influenza website for HEALTH.

7. Division of Laboratory

Process biological samples to identify influenza viruses and virus strains. Inform the state epidemiologist immediately if influenza is identified.

8. Legal Services

Research the emergency powers of the Director of Health and prepare emergency orders for use in an influenza outbreak emergency. Prepare to assist the Division of Disease Prevention and Control in the enforcement of isolation or quarantine, as may become necessary to prevent the spread of influenza in the Rhode Island community.

9. Medical Examiner's Office

Prepare to perform autopsies on influenza victims who fall under the jurisdiction of the Chief Medical Examiner.

B. Governor's Office

Assist HEALTH with public communications. Stand up the EOC/JIC, as necessary, to address influenza prevention and control issues and to respond to public concern over influenza transmission in Rhode Island. Declare a state emergency, as necessary, to assist HEALTH in controlling influenza outbreaks.

C. Airport

Contingent upon the virulence of flu strains in 2004-2005 and the distribution of outbreaks worldwide, be prepared to notify passengers enroute from influenza-affected areas about influenza prevention and control measures in Rhode Island. Be prepared to isolate sick passengers enroute from influenza-affected areas.

D. Public Safety Agencies

Understand the basics of influenza transmission, prevention, and control. Train and equip staff to take appropriate precautions to prevent exposure to influenza. Be prepared to assist HEALTH with the enforcement of isolation measures, if necessary.

E. Healthcare Facilities

Understand the basics of influenza transmission, prevention, and control. Use rapid tests to screen for influenza. Follow standard procedures for the diagnosis and reporting (to HEALTH) of influenza cases. **Immediately report apparent influenza transmission in healthcare facilities to HEALTH.** Implement control

measures (including isolation, universal precautions, and the use of antivirals). Train and equip staff to take appropriate precautions to prevent exposure to influenza and to prevent transmission of influenza to patients. Contingent upon influenza vaccine availability, immunize staff responsible for direct patient care.

F. Private Physician's Offices

Understand the basics of influenza transmission, prevention, and control. Use rapid tests to screen for influenza. Follow standard procedures for the diagnosis and reporting (to HEALTH) of influenza cases. Implement control measures (including isolation, universal precautions, and the use of antivirals). Train and equip staff to take appropriate precautions to prevent exposure to influenza and to prevent transmission of influenza to patients. Contingent upon influenza vaccine availability, immunize staff responsible for direct patient care.

G. Visiting Nurse Associations

Understand the basics of influenza transmission, prevention, and control. Train and equip staff to take appropriate precautions to prevent exposure to influenza and to prevent transmission of influenza to patients. Contingent upon influenza vaccine availability, immunize staff responsible for direct patient care.

H. Ocean State Adult Immunization Coalition

Contingent upon influenza vaccine availability and working in conjunction with HEALTH, be prepared to organize, staff and manage public vaccination clinics.

V. ADMINISTRATION AND LOGISTICS.

A. Upon request all HEALTH offices will provide copies of their supporting plans and will make staff available to participate in exercises for this plan.

B. All involved HEALTH offices and other state and community based agencies will record any costs associated with the implementation of this plan, and will provide cost documentation to HEALTH prior to allowable reimbursement for costs incurred (contingent upon funding and contractual agreements with the State of Rhode Island).

VI. PLAN DEVELOPMENT AND MAINTENANCE.

A. Development

Recommend any changes to John P. Fulton, PhD (Planning Chief).

B. Maintenance

This plan has been written specifically for the 2004-2005 influenza season in Rhode Island (November 2004 - February 2005), but may be used as the basis for influenza outbreak plans in future years. Recommend any changes to Crystal Davis, Bioterrorism Response Planner.

VII. AUTHORITY AND REFERENCES.

A. Authority

1. General Laws of Rhode Island

2. State of Rhode Island Emergency Operations Plan

B. References

1. State of Rhode Island Disease Outbreak Plan

2. State of Rhode Island Hospital Diversion Plan

3. State of Rhode Island Pre-Hospital Care Protocols and Standing Orders

4. DHHS Pandemic Influenza Preparedness and Response Plan

VIII. ATTACHMENTS.

A. Prevention and Control of Influenza, Recommendations of the Advisory Committee on Immunization Practices (ACIP), April 2004. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5306a1.htm

B. Interim Recommendations by the ACIP for Influenza Vaccination during the 2004-2005 Season. http://www.cdc.gov/flu/professionals/vaccination/

C. Influenza vaccine bulletins (National Immunization Program) http://www.cdc.gov/nip/flu/bulletins-flu/2004-05/bulletin3_092404.htm

D. 2004-2005 Recommendations For The Use Of Antivirals for Influenza http://www.cdc.gov/flu/professionals/treatment/0405antiviralguide.htm

E. Lab Diagnosis http://www.cdc.gov/flu/professionals/labdiagnosis.htm

F. Infection Control in Health Care Facilities http://www.cdc.gov/flu/professionals/infectioncontrol/